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PTO/SB/81 (11-96)

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APPLICATION**

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

7/24/01

TOWSEND

1024-038

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26542

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Name	Registration Number
James M. Leas	34372

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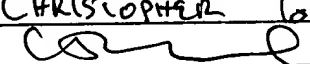
<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest
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Name	CHRISTOPHER TOWNSEND
Signature	
Date	7/24/01

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PTO/SB/01 (11-06)

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Group Art Unit

Examiner Name

Attorney Docket Number

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<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
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Address			
City	S. Burlington	State	VT
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

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 Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	STEVEN W. ARMS
Signature	Steven W. Arms
Date	7/24/01

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